JUNE 1953

Mental Hospitals

Volume 4 Number 6

In this issue:

One of the buildings at Norwalk (Calif.) State Hospital, which houses patients in the Sex Deviate Research

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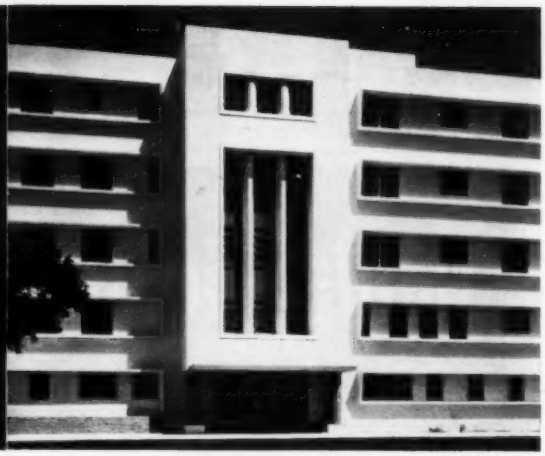
AMERICAN PSYCHIATRIC ASSOCIATION

Architecturally Attractive...

PSYCHIATRICALLY SAFE



Psychiatric Unit, Jackson Memorial Hospital, Miami, Florida
Architects: Steward and Skinner
Contractor: Edward M. Fleming Construction Company

Jackson Memorial Hospital, Miami...

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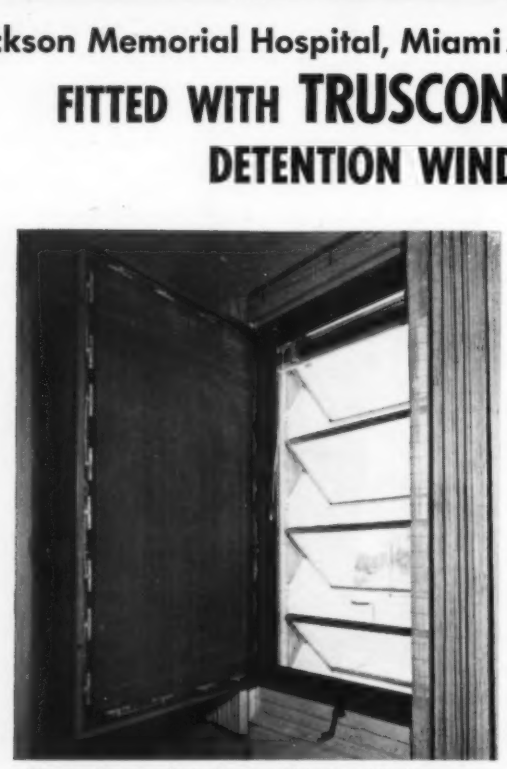
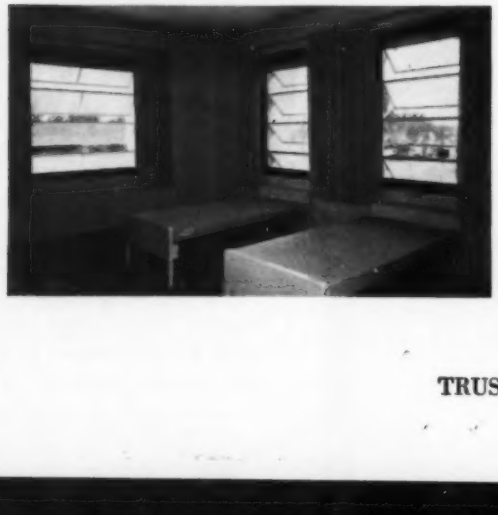


Truscon Intermediate Louver Detention Windows and Screens provide bright cheery interiors.



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THIS MONTH'S COVER

This Spanish-style, two-story building houses the so-called sexual psychopaths in Southern California, who are there for 90 days' observation or for longer periods of commitment for treatment and research. The building is part of Norwalk State Hospital.

The redecoration of wards by means of drapes, soft pastel colors chosen and applied by the patients themselves, new "un-institutional" furniture and decorations which might be found in a house or a hotel are a part of the "therapeutic atmosphere" deliberately introduced by Dr. Maxwell Gage, the hospital psychiatrist in charge of the program, with the approval of Dr. Robert Wyers, the hospital's superintendent.

The Norwalk group is part of a cooperative study of the sex deviate undertaken at State level by The Langley Porter Clinic, the State Department of Mental Hygiene, the State Department of Corrections, the Department of Justice and the California Youth Authority.

The research program includes a psychophysiologic study of patients committed as sexual psychopaths under California law. This is being conducted under the general direction of the Dean of the U.C.L.A. Medical School, and is being done at Norwalk State Hospital and the University of California at Los Angeles. The total study, when completed, will have covered the problems of the child victim of the adult sex offender, a community survey of sex offenders and offenses, and a sociological study on recidivism and rehabilitation of sex offenders.

Psychotherapy is an important part of the treatment program and the patients, under the guidance of the medical staff, have developed what they term an "Emotional Security Program" rather on the pattern of Alcoholics Anonymous, whereby they support one another in their attempts to work out their problems. This program is guided by a seven-man patient council.

Norwalk is the only State institution in Southern California which treats "sex psychopaths". In the northern part of the state they are sent to Mendocino State Hospital.

Early in 1950 the California Legislature appropriated the sum of $100,000 for a two year period of study and planning and the work was started in August 1950 when the funds became available. For the Fiscal Year 1952-53, the Sexual Deviation Research program has worked on a budget of $75,000 appropriated by the 1952 Legislature. The requested budget for 1953-54 is $53,072, for 1954-55, $49,928, and for the final year, 1955-56, $9,116. This last year will see the publication and review of the scientific literature resulting from the study.

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CONTENTS:

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Variety of 1953 Award Winners

Schools, VA Hospital, State Hospital and Provincial Hospital named as winners

The winners of the 1953 A.P.A. Mental Hospital Service Achievement Awards represent the greatest variety of institutions ever to appear among the winners. Of the 27 applications received in this, the fifth annual Award competition, the judges, (Mental Hospital Service Consultants), have selected a Provincial Hospital, a Veterans Administration Hospital, a State Hospital, and three State schools for the mentally retarded. This year also marks the first time that a state school has received Award recognition.

First Award for 1953 was given to the Selkirk Mental Hospital in Manitoba. Dr. Edward Johnson, the Superintendent, described how his hospital initiated the first organized volunteer service in a Canadian mental institution. The organization came into being in January, 1951, and was called SHARE—the Selkirk Hospital Auxiliary for Recreation and Education. Starting with five women who offered weekly service to the hospital, SHARE now has a paid-up membership of 800. Recreation programs for patients are conducted by 105 members who were carefully selected and oriented. They sponsor weekly movies and ward parties, a monthly dance, picnics and concerts twice a month, and special holiday festivities. Before SHARE began this program, the hospital could provide entertainment for only 25% of its 1,000 patients, and this for an average of 2 hours a week. Now practically all patients are given some entertainment, and three-fourths of them are engaged in recreational activities for at least four hours each week.

Outside the hospital SHARE carries on an active educational program. It sponsors public meetings on mental health, and publicizes the needs of the hospital through the press and through talks to various organizations. It also cooperates with the hospital social service in finding employment for former patients.

Second Award to School

To Enid (Okla.) State School goes the Second Award in recognition of the progress it has made in improving its academic program.

In 1949 when a special state election was called to approve a bond issue of $36,000,000 for new state buildings, the School's Superintendent, Mrs. Anna T. Scruggs, campaigned tirelessly to publicize the School's needs. The bond issue was approved, and Enid State School received over two million dollars.

Top priority was given to a school building. The School's education department, which by 1950 had grown to 115 students and five teachers, was badly hampered by poor facilities. The two classrooms were poorly lighted; furnishings were old-fashioned and uncomfortable. Weekly movies and assemblies had to be held in a small second-floor auditorium, and the stairs prevented crippled pupils, who needed recreation the most, from attending.

The modern era of education at Enid State School began in September, 1951, with the opening of the new school building. The six-classroom structure, functional in design and furnishing, has enabled the academic program to achieve many of its hopes. Each student is assigned to class upon recommendation of the School psychiatrist and psychologist. Classroom instruction is paced to meet individual needs and abilities. Coeducational activities have been initiated and extra-curricular programs expanded. One wing of the building is a gymnasium-auditorium equipped for movies and special events.

The progress made thus far has encouraged School officials to undertake even more ambitious plans. Negotiations are underway with a local university to use Enid as the laboratory in which to train teachers and therapists for the field of special education. Job placement for students, heretofore attempted only experimentally, will be stepped up.

Re-education Spells Progress

Winner of the Third Award, the VA Neuropsychiatric Hospital at Sheridan, Wyoming, is proud of the fact that almost one-third of its 500 employees have been serving the hospital for more than ten years. On the other hand, many of these workers were resistant to change and continued to function as they were trained many years ago. The newer concepts of "therapeutic milieu" and the "team approach" were shrugged off as "fads"—they felt that their job was to keep the patients clean and quiet. Library visits, for instance, meant moving the patient from a chair on the ward to a chair in the library.

This unpleasant picture, reports Dr. E. S. Post, the hospital's Manager, was prevalent throughout the hospital. Fortunately, however, the personnel were merely in need of redirection. Few of them, including nurses, had ever received more than rudimentary instruction in the psychological aspects of patient care.

Through discussion groups, advanced training classes, demonstration playlets, training films, lectures by outside authorities, and increased encouragement by hospital administrators, the personnel were introduced to progressive practices. What's more, they "took to" them, and have been rewarded with greater satisfaction in their work. Needless to say, the patients at Sheridan VA Hospital are getting more thoughtful care.

Honorable Mentions

In October, 1952, the Sonoma State Home in northern California under the supervision of Dr. M. E. Porter, set up a special department to screen all applicants for admission. The Home, which already was 20% overcrowded with 3,000 patients, had a waiting list of 1,200. A full-time psychiatrist was recruited to direct the new department, and a staff was assigned to include a clinical psychologist, psychiatric social worker and stenographer. Previously, a single social worker carried the burden of processing the waiting list, and little screening of applicants could be done.

The new department has set up criteria to determine the urgency of each application. In a number of cases it is possible to recommend disposition of the case other than commitment. This system has made it possible to evaluate the waiting list and thus make more realistic plans for expanding facilities.

It also has been possible to reorganize the traveling clinic, which provides diagnostic services to northwestern California communities, to provide maximum service.

Believing that mental health education, public relations, and public service are related responsibilities of the mental hospital, Anna (Ill.) State Hospital undertook to expand its community services. This was no small undertaking, for the "community" it served covered over 10,000 square miles.

The first step was to improve the out-patient program. In the middle of 1952 a psychiatrist was assigned to spend half-time as chief of the clinics, and a psychiatric social worker was added. Together they revised clinic procedures and schedules, and follow-up services were increased.

A Coordinator of Mental Health Education was brought in to supervise mental health education and community relations. Mailing lists were made of all newspapers, radio stations, civic organizations, business and professional clubs in the area.

A steady flow of news releases is sent out to keep them in touch with the hospital program. Women's clubs were interested in volunteer projects suggested by hospital authorities, such as the Ward Adoption Plan and Party Sponsorship Plan. They also responded to the hospital's request for prospects for foster homes. A series of seminar meetings on Mental Health and Personality Development has proved popular with local physicians, ministers, school teachers and other interested professional people. The awakened interest in hospital affairs, says Dr. R. C. Steck, Superintendent, is demonstrated by the increase in visitors, correspondence, volunteer service, and in inquiries about mental hygiene problems.

Ten years ago, tuberculosis was the number one cause of death at Polk State School, accounting for 15.39 deaths per 1,000 population. By 1952, the rate dropped to 2.35 deaths per 1,000 population. Most of this dramatic decrease has been achieved since the opening of a new hospital at the School in July, 1951 writes Dr. Gale H. Walker, superintendent. Previously the 3,400-bed institution had inadequate space to isolate all known cases of active tuberculosis.

When the hospital made isolation possible, the School began an intensive case-finding program. All suspected cases were X-rayed immediately, isolated and treated accordingly. Semi-annual X-rays of the entire School population were instituted, in addition to checking all admissions and new employees. Two prominent tuberculosis specialists were called to conduct surveys.

The School also set up special units where arrested cases could be placed after hospitalization. Twenty-three employees volunteered to take intensive courses in care of tuberculosis patients at the Tuberculosis League Hospital in Pittsburgh.

GRANTS TO ESTABLISH ARCHITECTURAL RESEARCH

As President of the American Psychiatric Association, I am happy to announce that this Association has received $140,000 from the Rockefeller Foundation and $15,000 from the Division Fund of Chicago for a two-year study of mental hospital design, construction, and equipment. It is expected that a second $15,000 contribution will be available in the second year of operation, making a total budget of $170,000 for the two year period. The study will be conducted under A.P.A. Mental Hospital Service auspices. When the study is completed, a permanent self-supporting operation will be set up to keep information current and available to all who need it.

To quote your medical director, in his foreword to the publication "DESIGN FOR THERAPY:"

"With close collaboration between architecture and psychiatry once established, mental hospital design for modern treatment can become a reality. Buildings yet to be blue-printed will help instead of hinder the task of those who work in them for the ultimate recovery or easement of the patient."

The general objectives of the study will be to ensure that the many millions of dollars to be spent on construction within the next few decades will result in modern, functional and flexible buildings, readily adaptable to accommodate new medical programs as they develop; to help reduce patient load by encouraging a truly "therapeutic environment" and to bring to mental hospital architecture the best combined skills that medicine and architecture in consultation can supply.

To achieve these objectives, existing hospitals will be surveyed and evaluated in terms of their relative adequacy in treating and caring for the mentally ill, so that a set of principles can be evolved to serve as a building guide in relation to diagnostic categories and patient load.

Materials will be collected into published form and made available to all agencies, firms and individuals concerned with the construction or modification of all types of mental institutions. A consultation service will be established and maintained as part of the Mental Hospital Service.

The fullest cooperation of the American Institute of Architects has been promised in this study.

Kenneth E. Appel, M.D.
President, American Psychiatric Association.

MOTOR SCOOTERS USED FOR MAINTENANCE CALLS

The New Jersey Neuro-Psychiatric Institute has added several motor scooters to its fleet of vehicles. The scooters, which are motor bikes with a side car for carrying equipment, are used instead of trucks for short trips or jobs. They also come in handy when the plumber or locksmith has an emergency call and no truck is available. The distances between the buildings are to great to walk.

The scooters can also be used for small deliveries, transporting small loads of supplies from the storehouse and other errands. They are easy and inexpensive to maintain. (26-1)

THE PATIENT DAY BY DAY

Occupational Therapy

HOME CARE PATIENTS GET O. R. T.

Patients of Manteno (Ill.) State Hospital who are placed in home care in local nursing homes are now receiving occupational and recreational therapy. A "roving therapist" has been added to the social service staff, who is to accompany the social worker on her visits to the homes. The therapist carries a basket of ORT supplies furnished through the hospital nursing department. She hopes to hold a monthly party for the patients, who have expressed their enthusiasm for the new service. (6-4)

Public Relations

TV "ARMCHAIR TOUR" THROUGH STATE HOSPITAL

Many mental hospitals have praised television as a means of bringing the outside world into the hospital. The tables turned recently when Station WENR-TV of Chicago took its cameras into the Chicago State Hospital to show home viewers of its weekly news program, *"Impact,"* the inner workings of a mental hospital.

The half-hour presentation, given in cooperation with the Illinois Department of Public Welfare, covered a wide range of the hospital's activities. A patient was seen in the diagnostic staff conference. Following this the news commentator who conducted the program interviewed the chief psychologist, the Illinois Director of Public Welfare, and the Director of the Illinois Society for Mental Health. The cameras then turned to a women's ward, where a WENR staff announcer talked with Dr. Edward F. Dombrowski, the Hospital's Superintendent, and a nurse.

Alongside a display of arts and crafts work set up in the corridor of the men's ward, the occupational therapist and the recreational therapist were interviewed. A film sequence was inserted, showing hospital picnics and parties.

In the hydrotherapy room, Clinical Director Isadore Spinka explained this and other therapies used at the hospital. A former patient, on conditional discharge, entered the discussion to tell her story briefly. She appeared in full view shots, but in scenes showing patients for whom the station could get no clearance releases, the camera shots were angled to avoid individual identification.

The program closed with shots of the regular Thursday night dance in the recreational hall, which had been extended a half-hour for the purpose.

Many hours of careful preparation preceded the actual telecast. Mr. Louis deBoer, mental health education consultant for the Department of Public Welfare, accompanied the station's technical and production staff on a tour of the hospital to work out preliminary arrangements for the program's format. Final details were worked out at other meetings, and by the time the program was on the air, the timing and other technical details were well in hand. Although the general content of interviews was pre-arranged, discussions during the program itself were spontaneous and unrehearsed. Three cameras were required for the telecast, and the services of 14 technicians and a production staff of five, in addition to the two announcers and the hospital staff who participated.

Throughout the program, the emphasis was on the positive aspects of hospitalization. The WENR staff exercised care to present a factual and realistic picture without exploiting the more sensationally dramatic situations which a mental hospital holds. That the dignified presentation was nonetheless interesting and effective, qualities quite often lacking in "educational" programs, was evidenced in the compliments it drew. The hospital was still receiving letters of praise several weeks after the program. (2-6)

Volunteers

PRIVATE HOSPITAL GUILD ACQUIRES NEW QUARTERS

Through the generosity of friends and members of the Norways Hospital Guild, the 68-bed private psychiatric hospital, located in Indianapolis, Ind., has acquired a new building to house the Guild's many activities. The building is an adaptation of a prefabricated-type garage, with a lavatory, a large storage closet, and kitchen facilities added. Storm windows and extra insulation were installed to ensure year-round comfort.

In addition to the building itself, the Guild received an electric refrigerator, a 50-cup electric coffee urn, a sewing machine, ironing equipment, tableware and many other items for their new facility. (9-6)

MOVING BEDFAST PATIENTS

Photo Courtesy B. C. Provincial Mental Health Services

Nurses at the Provincial Mental Hospital, Essondale, B.C., demonstrate a simple method of removing non-ambulatory patients to safety in case of emergency. The mattresses have strips of ticking, 30 inches long, sewn firmly to each corner. Two persons, standing at each end of a patient's bed, can lower him on his mattress to the floor and drag it to the corridor. The chain technique shown above is then used to take the patients from the building. Patients can be moved down stairways by this method with little or no discomfort, the hospital reports. A simple reef knot in the straps at the foot prevents the patient from sliding off. The hospital recommends this method, which was devised by their fire chief, Mr. A. P. Lowrey, as being an inexpensive way to evacuate bedfast patients quickly and safely. When not in use the straps are snap-fastened across the ends of the mattress.

Functions of the State Hospital Out-Patient Clinic

By HERMAN B. SNOW, M.D.,
Acting Director,
Utica (N. Y.) State Hospital.

The treatment of the patient should not end the day he is released from the hospital. This idea, generally accepted today, is far from new. At the Utica State Hospital, as long ago as 1916, the need for after-care and follow up was considered seriously.

An "after-care" agent was appointed during that year, "selected" from the nursing service. This agent kept in close contact with the paroled patient, helped to find employment for those who had left or were about to leave the hospital, and finally, gave material assistance in investigating and correcting the home conditions of those who were awaiting release and whose home conditions were unsatisfactory. The annual hospital report of 1917 declared that although the work of the "after-care" agent was "eminently satisfactory", the expense incurred in travelling had amounted to a considerable item and that one agent was not able to do all the work.

Gradually the duties of the agent expanded to include finding homes and jobs for patients without relatives to care for them, and to help overcome the prejudice of the times against ex-mental patients. By December 1917 a clinic had been established in Schenectady, N. Y., where patients came to a central point instead of having the agent travel over the territory. This clinic was staffed by a psychiatrist from the hospital, assisted by a social worker who had replaced the "after-care agent." By the following year, the attendance had become so great that clinics were begun in other parts of the hospital territory —Gloversville, Johnstown, Amsterdam and Utica itself.

Now the psychiatrist began to see people who had never been patients in a mental hospital, but who were coming spontaneously to the clinic for advice, or who had been referred by social agencies, the courts or local physicians. Here was the beginning of the desire for and recognition of the need for psychiatry in the community; in return, psychiatric influence was accepted and its help sought in community affairs.

From the reports of 35 or 40 years ago it is possible to trace the gradual development of the clinic. Today the personnel has changed, the facilities have increased to help more people, and better transportation facilities have been developed, but the basic functions of the clinic remain unchanged.

Today's Clinic

Today Utica State Hospital operates two types of clinics—the convalescent care clinic and the adult community clinic. The latter cares for the emotional and psychiatric problems normally met in private practice. Patients who have never been in a mental hospital are examined and treated by an experienced and trained psychiatrist who heads the clinic, assisted by a resident psychiatric intern and a social worker. There is often a psychologist on the staff as well, whose tests and examinations are useful in diagnosis and treatment. Frequently the intern, the social worker and/or the psychologist carry on the psychotherapeutic program under the supervision of the psychiatrist in charge.

In the convalescent care clinic, which is concerned with ex-hospital patients, the program is rather more elaborate. Since the psychological records are already available from the hospital, the psychologist is not a part of this team, except for consultation purposes. The hospital social workers send details about future home conditions and the family constellation as well as about the patient's community environment. Thus the clinic team is aware of each patient's entire psychiatric work-up and history.

This clinic follows the mental condition of the patient when he is released and determines his suitability to remain outside or his need for future treatment.

If he is to stay in the community, home conditions may have to be corrected; living quarters may have to be found and employment arranged. A large part of the work—now as in 1917—is to overcome the community prejudice against the ex-patient.

In the clinic the patient is helped to solve his problems in his emotional life. His family may need help in their efforts towards his welfare. In short, the task is to do anything possible to keep the patient mentally well and prevent his re-admission to hospital.

Here too, a psychiatric intern is on the staff, with the dual purpose of providing him with training and getting his help in caring for the patients. A resident in this situation loses any distorted ideas he has of mental patients behind locked doors. He learns to consider the mental patient as a "private patient", and as part of a home, a family and a community.

In neither type of organization is the clinic "an iland intire of itselfe." It is an integral part of the community and its work in many cases is a cooperative overlapping of several agencies all working toward the welfare of the patient and his family. Cases are referred to it from social agencies, schools, the Red Cross, local physicians and the courts. One of its tasks is to instill understanding in the community about mental patients; another to help other social agencies and the courts in the understanding of psychiatric patients and often to provide psychiatric help in rural communities where most people cannot afford psychiatric care.

It is the hope of the writer that with these ever-increasing functions, the clinics themselves will not become bigger and bigger, and more complex in urban areas, but that they will become more numerous on a smaller scale. They should spread into the smaller communities and remain in close contact on a really individual basis. On this smaller scale it is possible to reach the patient better, to combat community prejudice against the mentally ill, and to spread the facts about mental hygiene on a preventive basis.

EDITORIAL

Max Bahr—"My Fifty Years in Psychiatry"—uses a striking example of the meaning and value of giving. The Sea of Galilee, he says, is a living lake—the water is full of life, the shores are green and fertile. The Dead Sea, on the other hand, is in truth dead, no fish or other life in it, and its shores are like desolate deserts. The difference lies in the fact that water leaves Galilee as well as entering it, while the Dead Sea only receives water. To live fully, Dr. Bahr points out, requires giving as well as taking.

This sermon applies to the Mental Hospital Institutes, it seems to me, as fully as to other A.P.A. activities. When the Institutes were first proposed they were offered as a device for mutual aid. Things were bleak; manpower was desperately short, materials difficult to get, legislatures harassed by all the problems of postwar dislocations and feeling the impact of inflation at its worst. No one knew all the answers. But it seemed likely that if enough of us got together and pooled our experience and knowledge that all of us would benefit. It should again be stressed that the Institutes are intended to be *working, practical* assemblies, concerned with the business of hospital care—administrative matters, not the scientific, clinical aspects. The Annual Meeting of the A.P.A. is expected to cover the latter—there is no need to duplicate that field.

The record of the four Institutes speaks for itself. Their continued growth and popularity seem to justify the cautious optimism with which they were launched.

However, there have been some critical comments, and some of them were justified. The Institutes have been criticized for being dominated by a few people who do all the talking and who attempt to dictate to the rest of us. Well, to some extent, this is true, although the printed record does not support the impression that the same few people do all the talking. It is true, however, that the great majority of those attending are apparently there merely as listeners, and contribute little or nothing.

This was not the idea in the beginning and it is not the desire of the A.P.A. Mental Hospital Service now. If the Institute gets to the point of being a series of formal meetings, in which we sit in silence and listen to so-called experts tell us how to run our hospitals, the thing will fold up, and quickly! But if it is to grow in life and vitality, if it is to become more and more an effective medium of disseminating practical ideas of hospital psychiatry, all of us will have to help.

In other words, plan to attend the Institute and plan to participate. Give as well as receive and help to make the Fifth Institute the best yet. (Parenthetically and personally, I can attest from six happy years there that Little Rock is a delightful city and the fall is probably its best season. Furthermore any meeting where Sterling, Odom et al are hosts will inevitably be tops. I wouldn't miss it!)

GRANVILLE L. JONES, M.D.
Supt. Eastern State Hospital, Williamsburg, Va.

M. H. S. News & Notes

Fifth Institute at Little Rock, Ark.

The Fifth Mental Hospital Institute will be held in Little Rock, Ark., October 19-22, 1953. A preliminary program announcement and enrollment forms will be mailed in June.

Members are reminded that the Institutes are self-supporting. A fee of $50.00 is charged. The Institute is not included as part of the membership fee for Mental Hospital Service. The Institute fee covers daily luncheons at the Institute, the annual banquet, the publishing of the proceedings, travel expenses of guest speakers, and other overheads.

However, if a member of M.H.S. wishes to send more than one person to the Institute, a special rate applies: the first enrollment is $50.00, but the second enrollment—and as many more as desired—is reduced to $25.00.

The special rate does not apply across-the-board to a whole State hospital system, however. That is, the fact that a State Commissioner's Office is a member of the Service and sends one person to the Institute at $50.00 does not entitle a hospital in that State to send a single person for $25.00. (If it worked this way, the great majority of fees would be at the lower rate and the Institute would go broke in a hurry!) The State Office could, however, send two people for $75.00, three for $100.00, etc.; and the State member hospital could do likewise. But each would have to pay $50.00 for the first enrollment.

The purpose of the reduced rate is to encourage more than one person to attend from a given institution or agency. But experience has shown that most Institute fees must be $50.00 fees in order to keep it on a financially sound basis.

Clothing Tests Begin

The dress-testing project initiated by the A.P.A. Mental Hospital Service Committee on Clothing for Mental Patients is scheduled to get underway in late June. The dress is of a nylon-orlon fabric specially developed by the Wannalancit Textile Company of Lowell, Mass., to meet the specifications proposed by the Clothing Committee.

The major requirements the Committee felt were needed for garments for mental patients were attractive appearance and comfortable texture, durability and easy maintenance.

After several months of experimentation with various synthetic fibre combinations, the Wannalancit Company has succeeded in developing a fabric which, according to laboratory tests, is able to withstand a great deal of wear and tear. For this reason the dress is thought to be suitable for destructive patients. The major hope, however, is that the attractiveness of the dress will retard destructive impulses. The superior wearing ability of the fabric also indicates that the dresses should sufficiently outlast those now used in mental hospitals to offset the greater initial cost.

Three hundred and fifty-six dresses will be tested in 11 mental institutions. The dress style which was approved by the Committee for the test is a one-piece coat dress, fastened by gripper snaps and having a set-in belt. The dress was made available for test in two colors, aqua and a rust-red, in small, medium and large sizes. Each dress costs $14.25. Later, however, when the dress is produced in greater quantities and available to all institutions, it is likely that prices will vary according to size.

The manufacturer hopes that under continual production, when it is possible to estimate the percentage of orders for each size, lower prices can be offered for purchasing institutions.

The test period will last a minimum of three months, and may be extended if necessary, in order to find out if the nylon-orlon dresses have superior wearing quality. (They are being tested in comparison with dresses from the hospital's regular clothing stock to be worn by a control group of patients.)

A "convalescent suit" for men, of the same fabric in a heavier weight, is being tested by several Veterans Administration hospitals, and the results will be made available to Mental Hospital Service. The trousers have a nylon-elasticized waistband, and the jacket is designed with a fly-button front, slanted pockets, a built-in half belt and inverted pleats in the back for extra fullness.

Resignation of Chairman

It is with much regret that we announce the resignation of Miss Annie Hall, Richmond, Va., as Chairman of the Clothing Committee. Miss Hall is leaving the country for an indefinite period. Her place as Chairman will be taken by Miss Helen Edgar, Director of Nursing at Philadelphia (Pa.) State Hospital. Other Committee members are: Dr. Lucy Ozarin, Veterans Administration; Mr. Alexis Tarumianz, Business Manager, Delaware State Hospital; Dr. Peter Peffer, Manager, V.A. Hospital, Perry Point, Md.; Miss Dorothy Morris, R.N., Chief, Nursing Service, St. Elizabeths Hospital, (D.C.); Miss Mary Corcoran, R.N., U.S.P.H.S., Bethesda, Md.; and Dr. Charles Ward, Clinical Director and Mr. Stan Hanna, Purchasing Agent, Rosewood State School, Maryland.

Clothing Suggestions Requested

Mental Hospital Service will keep its members informed of the progress of the dress and suit tests, and will publish a full report as soon as they are completed. The Committee is continuing its work of seeking solutions to the many problems of mental patients' clothing and would welcome inquiries or suggestions, especially regarding underwear and night-clothes.

Legislation

MENTAL HEALTH OFFICERS REORGANIZED IN KANSAS

The 1953, Kansas Legislature has re-organized the Department of Social Welfare to include a State Director of Institutions who will be responsible for the management of all institutions under the department. This director will be a diplomat in psychiatry with not less than five years' experience in a responsible position involving administrative duties. Provision has also been made for an assistant director.

The advisory commission on institutional management now includes eight members, two of them nonphysicians. The other six will represent the Menninger Foundation, the University of Kansas Medical School, the Kansas Psychiatric Association, the Kansas Medical Society and Winter V.A. Hospital.

Besides this top-level re-organization the legislature authorized the construction of a children's treatment center on the grounds of Topeka State Hospital. Two cottages, each accommodating 15 children, an adjunctive therapy building and the necessary utilities will make up the initial construction. Appropriations for operation were provided from the completion of the building to the end of the 1955 fiscal year. The center will be administered separately from the State hospital and will provide examination and treatment for emotionally and socially disturbed children under 16, both as in-patients and out-patients. No child may remain in the center for longer than 12 months. The administrator will be an experienced psychiatrist.

The legislature also changed the name and function of the Parsons State Hospital for Epileptics to the Parsons State Training School. The reconstituted institution will "examine, treat, educate, train and rehabilitate" patients from 6 to 21 who are mentally deficient or suffering from simple epilepsy. Psychotics now at Parsons are to be transferred to State hospitals.

The legislature also authorized a half-mill levy on real estate to provide a permanent building fund for state hospitals. The levy will produce about two million dollars a year.

In addition to funds for operations, maintenance and buildings, the legislature appropriated one million dollars for each of the next two fiscal years to be apportioned to each of the five state hospitals and training schools for the training of professional personnel.

Other highlights of the legislature's work included authorization of the attorney general to defend physicians in state employ who may be sued as the result of using shock therapy. This became necessary when insurance companies dropped coverage of shock treatment from malpractice policies. State hospital physicians were left without legal protection.

Upon the recommendation of the Governor, a study of the problems of the aging will be undertaken to recommend steps to maintain the mental health and efficiency of elderly people so that they may continue to be contributing citizens as long as possible.

An estimated 400 senile patients are to be transferred out of the state hospitals to other institutions, provided that none of them need psychiatric treatment.

As announced last month, the Director of Institutions is to be Dr. George Jackson. (15-11)

HOSPITAL INSURANCE DISCRIMINATORY, SAYS NAMH

Out of one hundred and fifteen cities having Blue Cross coverage, 46% totally exclude mental illness, 45% impose special limitations of days, benefits or dollar maximum, and only 9% provide regular benefits similar to those for other medical problems, according to a recent statement by the National Association for Mental Health.

The Association called publicly upon the Blue Cross hospital insurance plan to end such discrimination against the mentaly ill, which is based on outworn concepts as to its nature.

Dr. George S. Stevenson, medical director, declared that this discrimination is militating against the establishment of psychiatric clinics in general hospitals, which would enable patients with an acute condition to be treated promptly and comprehensively. (1-4)

Use of Diagnostic Manual Discussed at Recent Administrators' Conference

Eighty percent of all state hospitals are using, or plan to begin using the revised A.P.A. Diagnostic & Statistical Manual, according to a survey conducted by the National Institute of Mental Health. This report was given to delegates of the Model Reporting Area, attending the third annual Conference of Mental Hospital Administrators and Statisticians. The meeting was held in Washington, D. C., April 15 through 17, under the auspices of the N.I.M.H. Nearly all the 15 states represented at the meeting, which together provide care for 64% of all patients in state mental hospitals, have started using the revised nomenclature for new hospital admissions, and are planning to convert diagnoses on resident patients to conform.

Schools for the mentally retarded have encountered some difficulty, however, in applying the section on mental deficiency of the manual. The American Association on Mental Deficiency has set up a Committee on Nomenclature to study possible modifications. Dr. Gale H. Walker, (Pa.) Chairman of the Committee, reported on its progress.

Delegates from the Model Reporting Area reported upon various studies taking place in their States. It is expected that the proceedings of the Conference will be published late this year.

Clinics

SURVEY REVEALS INCREASE IN FULL TIME CLINICS

Together with the announcement of the publication of a directory of psychiatric services in the 48 States and the Territories, the National Association for Mental Health released some of the results of its nation-wide survey of the clinic services for psychiatric patients.

In 1952, the survey showed, there were 437 full-time and 627 part-time psychiatric clinics—a total of 1102. While there was no increase in the overall number since the last survey in 1947, there was an increase in service, since the number of full-time clinics has more than doubled. Full-time clinics include those giving at least five days service a week. Many of course are State or private hospital clinics.

During the past year, 225,000 new patients, including children, adolescents and adults with problems ranging from simple emotional or behavior problems up to severe mental illness, were treated.

The survey also discloses that more than 75% of the clinics are concentrated in 11 States—California, Connecticut, Illinois, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania and Virginia. Despite population concentration in these areas which would seem to justify such a preponderance of facilities, some areas still have little clinic service or none at all.

Administration

MARYLAND EXPANDS COMMUNITY AID PROGRAM

Special funds in the Maryland State Public School Budget have been authorized to finance special education programs for educable mentally and physically handicapped children in communities where the public schools presently lack adequate specialized classes.

The funds will allot up to $600 for each child per annum, provided the parents have been bona fide residents of Maryland for at least one year. The money will be paid to local school authorities to set up special classes in existing public school programs; it may apply toward the salaries of teachers, equipment, therapeutic treatment and transportation costs.

In communities where it is not feasible to establish such a program and the parents must send their handicapped child to a school elsewhere, the State will reimburse them up to $600 yearly for tuition fees and related costs. Such schools may be private or public institutions either within or outside Maryland, but the educational program must be approved by the Maryland Board of Education in order to claim the reimbursement.

In all cases, the State assumes responsibility for the child's education only for the period of compulsory school attendance.

The State Board of Education has been directed to set up standards and regulations for the examination, classification and education of the children. Those who are incapable of benefiting from the special programs, according to the Board's standards, ". . . shall be referred to educational agencies other than public schools. . . . The case of each child shall be reviewed annually to determine whether the program is an appropriate one for him. In each instance it is the responsibility of education to identify the case, to channel it to another agency or school. . . ."

VIRGINIA HOSPITAL ENCOURAGES EMPLOYEE'S CREDIT UNION

Employees at the Eastern State Hospital, Williamsburg, Va., have formed an Employees' Credit Union to handle their personal financial emergencies. The Union was established two years ago, at the suggestion of officers of the State Financial System in Richmond.

The Union is an outgrowth of a former employees' "beneficial fund." It is not, however, an arm of the hospital administration, but an employees' project. It was incorporated in May 1951 and is chartered under the State Corporation Commission. It is governed by a Board of nine members, who are advised by a three-man Supervisory Committee, which also audits the books. All loans must be approved by a Credit Committee which has three members.

An employee must own at least one five-dollar share in the Credit Union to claim membership. He is then eligible to receive a loan for such purposes as financing an automobile, buying furniture, paying hospital bills, for a vacation, etc. Interest is at the rate of one percent of the unpaid balance per month.

The Credit Union is a member of the National Association of Credit Unions, which provides certain insurance features against uncollected debts. (1-5)

The Religious Ministry in Mental Hospitals

By CHAPLAIN DONALD C. BEATTY,
Asst. Dir. Chaplaincy Service, Veterans Administration

PART 2

When a religious program is integrated carefully into the total hospital program, many benefits can accrue. Outstanding among them may be a new appreciation of common areas of understanding and agreement among those who serve the patients' needs. The discovery of these previously unrecognized areas opens the way to the franker facing of the limited areas of disagreement. Mutual discussion tends to be more open, more interesting and more mutually enlightening. Ideas not previously questioned are likely to be revised. And patients are likely to profit from such a situation. It would not be difficult to cite actual situations where the atmosphere of a whole ward has been influenced for the better by a revised attitude on the part of professional staff members toward one another.

Close cooperation between the chaplain and the nursing service pays dividends in better understanding and better working relationships. There is quite general agreement that no persons come into a closer or more potentially significant contact with patients than do the ward personnel of the nursing service. They can assist materially in the utilization of the chaplain as they alert him to situations and individuals that might profit by his services. The chaplain himself has the responsibility of acquainting them with the types of situations or the persons he finds most likely to benefit from his ministry.

Full-time clergymen in mental hospitals are continuing to conduct services of worship. They are continuing to minister to people in crisis situations.

They are doing much individual counseling and an increasing amount of group work with selected patients. They are finding it increasingly rewarding to work cooperatively with doctors and others who serve the patients' needs.

From the point of view of the chaplain who develops and conducts this program there is no question that he is thus furnishing a definite, and what he believes to be an essential, religious ministry. From the point of view of the physician, what the chaplain attempts to do may and should be considered as a part of the entire treatment program of the hospital. The question of whether the chaplain is a "therapist" or a clergyman need not arise if we do not artificially delimit the various ways in which we try to relieve the sufferings of people. It would seem to be the better part of wisdom, in the present state of our understanding, to limit the term "therapist" to the professionally trained physician, while at the same time recognizing that many influences which are brought to bear on the lives of mental patients may have therapeutic value. There need not be any fear that the chaplain will, unjustifiably, consider himself to be a psychiatrist. The chaplain can and should contribute significantly to the progress of the patient without moving out of his distinctive role as a clergyman.

Applying the time-tested program of the church to the unique problems of the mentally ill takes serious study on the part of the chaplain. He cannot assume that methods adequate in his parish ministry will necessarily be effective in his hospital ministry. The futility of rational argument in combatting the errors of emotional judgments may not have been brought to his attention in the parish; it will be glaringly evident if he tries it in the mental hospital. He may have to revise his concepts of what it was that actually facilitated growth in his parishioners. Perhaps it was not his "argument" at all, but the fact that he cared enough to want to talk with his people!

In the hospital he soon finds that the responses of the patients are far more often to what he *represents* to them than to what he *says* to them. If his concern is real, if his caring is evident, if his devotion to people in difficulty is deeply rooted, the patients may try his patience to the utmost, but they will profit by knowing and being known by him.

Because he is now ministering to people who have failed in the process of growth for an infinite variety of reasons, and who, in defense or despair, have adopted less-than-satisfactory methods of adjusting to the strains of living, he needs to know as much as he can about their problems, their attempted solutions, their potentialities. He will, of course, study what others have learned about the mentally ill. He will check their findings against his own experience. He may even have the courage (or the rashness) to develop some concepts of his own. Always he will see his ministry as a contribution to the whole man, motivated by his respect for all persons as children of God. He soon learns that there are some patients for whom he can seemingly do little or nothing that is discernibly of value. It may be that, because his time is not unlimited, he will gradually center his major efforts on those who can and do respond to his interest. If he is true to his calling, however, he does not entirely neglect those for whom he seemingly has no healing ministry. They will be carried in his heart and mind with the same compassion as those who do respond to his proffer of assistance. If he thus earns the reputation of being an impractical idealist whose critical judgment can be called into question, he may have to recognize this as one of the hazards of his vocation.

The chaplain is, of necessity, much concerned about the matter of communication. He soon recognizes that mere "telling" is apt to be an inferior and often futile method of interchange of thoughts or opinions. For those patients who have built up a private world of discourse and for whom accustomed word-symbols have taken on private meanings, he recognizes that accepted thought-forms current in the general culture have little or no meaning. For many others, who are seemingly using accepted word-forms, meanings may well have been distorted or slanted by personal reaction. It will be a constant challenge to the chaplain to attempt to share the inner experience and thought of his patient parishioners. He will not wish to evade this challenge by easy acceptance of the explanation that they are "out of contact" and therefore not accessible to his influence or ministry.

More, even, than in a community religious ministry, it is imperative

that the chaplain in the mental hospital radiate a sense of confidence, of faith, of assurance. His own deeply felt sense of mission, his devotion to his calling as a representative of the love of God, his courageous willingness to face rather than avoid difficulties, his commitment of his life to the service of others, his wholesomely sacrificial spirit, must be so evident that they are almost taken for granted. That he will fail occasionally in living up to his ideal is understandable; that he will ever cease his efforts to portray in his own life the faith he professes is unthinkable.

COMMENTARY

The Publicity Packet sent out in April by the National Publicity Council included the booklet published by the Washington (State) Association for Retarded Children, in Seattle. Entitled "Children Limited", the booklet is praised by NPC as "outstanding . . . drama without sentimentality".

The April *Information Bulletin* of the VA Psychiatry and Neurology Division, carries an "Outline of General Methodology in the Research Process", prepared by the Clinical Psychology Staff of the Bedford, Mass., VA Hospital. In the same issue is a paper on "The Attitude of the Patient" by Dr. Leo H. Bartemeier, former President of A.P.A.

The *Journal of the Hillside Hospital* for April has an article on "Group Psychotherapy as an Aid to Patients Upon Discharge from the Hospital". The article was written by two staff psychiatrists of the hospital, which is a private non-profit institution at Glen Oaks, N. Y.

Two interesting pieces on state hospital statistics appeared in the *Virginia Medical Monthly's* section on Mental Health, which is edited by Dr. Joseph E. Barrett, Commissioner of the Virginia Department of Mental Hygiene and Hospitals. The February issue carried "Schizophrenia As It Has Affected State Hospitals for the Past Twelve Years," and the March issue had "A Statistical Story of the Manic-Depressive Psychoses". The presentations were prepared by Miss Edna M. Lantz, Statistician for the Department.

The Office of Education of Federal Security Agency (now the Department of Health, Education and Welfare) has put out a booklet which will be of interest to everyone in the field of special education: "The Severely Retarded Child Goes to School", (Bulletin 1952, No. 11). It is available at 20 cents a copy from the Superintendent of Documents, Government Printing Office, Washington 25.

Another Government publication, of a different nature, is available from the same source. It is the "Proceedings of the Second Conference of Mental Hospital Administrators and Statisticians." This one will be of interest to all persons concerned with keeping records on either in-patients or out-patients. Price: 40 cents a copy.

Dr. James H. Wall, Medical Director of the Westchester Division of the New York Hospital, White Plains, N. Y., writes on "Music as a Program Therapy in Mental Hospitals" in the May *Bulletin* of the National Association for Music Therapy.

Topeka State Hospital has published an illustrated supplement to its 1952 Biennial Report under the title, "Doors are to Open". The accomplishments and remaining needs of the hospital are presented in charts, sketches and easy-to-read text.

The American Journal of Mental Deficiency has several interesting articles on industrial therapy and job placement in its April issue.

The January issue of *Scientific American* carries an interesting article on "Psychotherapy for Schizophrenia." The author is Dr. Don D. Jackson, a staff psychiatrist at the Palo Alto (Calif.) Clinic, and formerly with Chestnut Lodge in Rockville, Md. The article is commendable for telling how the psychoanalyst's skills are proving valuable in treating schizophrenia, as they are in treating neuroses. He explains that although results so far are encouraging, they have not been properly evaluated.

The successful handling of interpersonal relationships encountered in dietetic internship (or any internship, for that matter) can be an impetus to professional growth, writes Roy Brener in the February *Journal* of the American Dietetic Association. Dr. Brener, who is chief clinical psychologist at the V.A. Hospital in Hines, Illinois, tells of the methods employed in his hospitals' dietetic internship to help the intern understand more clearly her reactions towards the patients, her co-workers, her immediate job situation and long-term goals.

A belated bouquet to the October issue of the *Ladies Home Journal*, whose Public Affairs Department was devoted to the work of mental hospital volunteers. Featured is an account of Topeka State Hospital's Beacon Club . . . "forgotten" women patients who, through the kindness of several Topeka homemakers, were taken for occasional excursions back to a way of life many of them had forgotten. Mrs. George P. Bishop, Chief of Volunteers at Topeka State Hospital, tells the story. The *Journal* Department also carried a brief article about volunteer work at other hospitals.

People & Places

New superintendent of Metropolitan State Hospital, Waltham, Mass., is Dr. William McLaughlin. . . . Dr. N. S. Kupelian has retired as Superintendent of the Pownal (Me.) State School. . . . The DePaul Sanitarium, New Orleans, La., has received a $5,000 grant from a local businessman to experiment with musical therapy. . . . Edward L. Johnstone has resigned as superintendent of the New Jersey state school for mentally retarded males, Woodbine Colony, to become executive director of the Woods School at Langhorne, Pa. . . . The cornerstone has been laid on the new 3,000-bed state mental hospital under construction at Ancora, New Jersey. Completion of the first unit, the medical-surgical-reception building, is scheduled for May, 1954. . . . Dr. Richard V. Foster has been appointed Assistant Commissioner in the N. Y. State Department of Mental Hygiene. Dr. Foster previously served as Director of the Gowanda State Hospital at Helmuth, N. Y.